



Joseph E. Kernan, Governor
Alan D. Degner, Commissioner

10 N. Senate Avenue
Indianapolis, IN 46204-2277
Phone: 317-232-7670
FAX: 317-233-4793
TDD: 317-232-7560
<http://www.workforce.IN.gov>

An Equal Opportunity Employer

TO: Program Directors, Managers & Supervisors

FROM: Jonathan Bond, Deputy Commissioner
Policy Planning and Evaluation

DATE: March 26, 2004

SUBJECT: DWD Commissioner's Directive # 2003 - 28
DWD Form 210, Weekly Manual Report of Claims Activities

RE: Unemployment Insurance Program Manual Claims Reporting

Purpose: To announce revision of DWD Form 210, Manual Report of Claims Activities.

Recissions: All previous instructions relating to Form 210, Weekly Report of Claims Activities.

Content: This report should be sent by the close of business the last day of the workweek by e-mail. This information has to be compiled and reported to the U.S. Employment and Training Administration and distributed to various programs and individuals within the agency. Each local office should list the name of any company in its area which has more than 20 people separated during the week covered on the 210 Report. This information is instrumental in determining why claims have increased in an area.

Complete all the information below for each incident.

Name of Company	Because not everyone who receives the final report is familiar with all businesses in a particular area, please provide correct, full name of the business and location. If the business is known by initials or another short name in your office/area, place this alternate name after the full name in parenthesis. The UI account number is helpful but not required.
No. of People Separated	The number of people separated is the total number of workers expected to be separated or involved in the layoff, not the number employed by the business.
Effective Date	"The official first day of the layoff" is the effective date even if some of the people affected do not file for benefits until a later date.

Duration	“Duration” is the length of time the layoff is expected to last; for example, 2-3 weeks, 6 months, etc. “Permanent” means there is no chance of recall. “Indefinite” is used if there is a chance of recall within the next year but an estimated date of return is not available.
Reason	Layoff is not a reason. List the actual reason for the layoff not simply that there was a layoff. Some examples are: financial difficulty, labor dispute, material shortage, model changeover, plant or machine repair, product line discontinued, reorganization, seasonal, slack work, vacation shutdown, change of ownership, contract completed/cancelled, etc. If the business is closed, give the reason for the closure. If operations have moved to another location, please provide the new location, if known.

An electronic copy of the Form 210 (in Excel format) will be sent to each UI local office. Information can be easily typed on the form to eliminate interpretation errors caused by an inability to read the submitting individual's handwriting. Also each week's report can be saved electronically and submitted as an E-mail attachment.

Send the Weekly 210 Report as an attachment via e-mail to UI_STATS@dwd.state.in.us or fax to (317) 233-6081, Attention: UI Statistics. This should be transmitted by the close of business on Friday (or the last day of the business week). **The name of the local office and the week ending date should be in the subject line of the e-mail.**

If you have any questions, send an e-mail message to UI_STATS@dwd.state.in.us or call (317) 232-7706.

Effective Date: Immediately

Review Date: March 1, 2006

Ownership: Evaluation/UI Statistics

Action: Local UI Offices submit Form 210 by E-mail by the close of business on the last day of the workweek. If the email system is down, the information should be faxed.

Attachment

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

WEEK ENDING

LOCAL OFFICE NAME AND UI NUMBER

WEEKLY MANUAL REPORT OF CLAIMS ACTIVITIES

I. WEEKLY LAYOFF INFORMATION

Name of Company and Location	No. of People Separated	Effective Date	Duration	Reason

Other Pertinent Comments:

II. INTERSTATE AS AGENT STATE CLAIMSTAKING ACTIVITY AND ALIEN CLAIM ACTIVITY

ITEM	LEVEL REGULAR			LEVEL EB *		
	UI	UCFE	UCX	UI	UCFE	UCX
Continued (IB 2)						
Appeal (IB 101)						
Alien Secondary Verification (number)						

* Include only regular program extended benefits in this area. Submit a separate Form 210 for other supplemental programs such as E.U.C. (Emergency Unemployment Compensation) and enter program name across the top.

Submitted by: _____ Phone Number: _____

INSTRUCTIONS FOR FORM 210, WEEKLY MANUAL REPORT OF CLAIMS ACTIVITIES

The Form 210 is used to report claims activities that are *not* part of the automated Benefits System.

Place the CWE date and the **Local Office Name and UI number** in the space provided.

I. WEEKLY LAYOFF INFORMATION

List all companies in your area with layoffs of 20 or more.

Enter the legal **Name of Company and Location** (plus commonly used name if applicable), **Number of People Separated** (layoffs, not total employment), **Effective Date** (first day of layoff), **Duration** (how long it will last) e. g. one week, 2-3 months, indefinitely and **Reason** for layoff (**layoff is not a reason**) e.g. lack of work, plant shut-down, business closed with reason, etc.) in the space provided. Use the "Other Pertinent Comments" section for further explanation about layoffs in the area.

II. INTERSTATE AS AGENT STATE CLAIMSTAKING ACTIVITY AND ALIEN CLAIM ACTIVITY

Continued (IB-2) - Enter by program (UI, UCFE, UCX) the total number of Interstate weeks claimed (Regular level and EB level*) taken during the report period on Form IB-2.

Appeal (IB-101) - Enter by program (UI, UCFE, UCX) the total number of Interstate agent appeals (Regular level and EB level*) filed in the local office on Form IB-101.

Enter number of Alien Secondary Verifications.